

Dkt. No. \_\_\_\_\_

9/9/09 940 #7619

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#31182

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to my name

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled THE USE OF BACTERIAL PHAGE ASSOCIATED LYTIC ENZYMES TO PREVENT FOOD POISONING, the specification of which:

(check one) is attached hereto ☒ being filed on \_\_\_\_\_ as  
Application Serial No. \_\_\_\_\_ and  
was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §156(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this applications:

09/704,148 (APPLICATION SERIAL NO.)	Nov 2, 2001 (FILING DATE)	PENDING (STATUS)
7-13.01		(PATENTED, PENDING, ABANDONED)
_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS)
		(PATENTED, PENDING, ABANDONED)

**POWER OF ATTORNEY:** As a named inventors, We hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

**SEND CORRESPONDENCE TO:**

Jonathan E. Grant  
Grant Patent Services  
2120 L Street  
Suite 210  
Washington, D.C. 20037

**DIRECT TELEPHONE CALLS TO:**

Jonathan E. Grant  
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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor	<u>Vincent</u>	<u>Fischetti</u>
	GIVEN NAME	FAMILY NAME

Inventor's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

Residence	<u>West Hempstead</u>	<u>New York</u>	<u>U.S.A.</u>
	CITY	STATE OR PROVINCE	COUNTRY

Citizenship	<u>U.S.A.</u>
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Full name of second inventor	<u>Lawrence</u>	<u>Loomis</u>
	GIVEN NAME	FAMILY NAME

Inventor's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

Residence	<u>Columbia</u>	<u>Maryland</u>	<u>U.S.A.</u>
	CITY	STATE OR PROVINCE	COUNTRY

Citizenship	<u>U.S.A.</u>
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Full name of third inventor	<u>David</u>	<u>Trudil</u>
	GIVEN NAME	FAMILY NAME

Inventor's signature \_\_\_\_\_

Date of signature \_\_\_\_\_

Residence	<u>Reisterstown</u>	<u>Maryland</u>	<u>U.S.A.</u>
	CITY	STATE OR PROVINCE	COUNTRY

Citizenship	<u>U.S.A.</u>
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